

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0040	I	FROM 5/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 4/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 9/29/2009 TIME 18:30

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

GALESBURG COTTAGE HOSPITAL

14-0040

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 9/29/2009 TIME 18:30

ltYLgf47v9p:pkP7ZSdu1luP:1P.B0
2PMSk0JnCXAag:NGG01jiQ7.Q4uE0b
T5zE0Xpwnx0Y2qiu

PI ENCRYPTION INFORMATION

DATE: 9/29/2009 TIME 18:30

aYVphNzwsylxd3wbkHTxa012rybnt0
7.VP:0jAEVLizczhkwdiVG7ptwlldru
pjjh50ohog0ieTo:

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

VP Revenue Management

TITLE

DATE

9/30/09

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	543,046	-14,350	0
2	SUBPROVIDER	0	7,144	0	0
5	HOSPITAL-BASED SNF	0	647	0	0
100	TOTAL	0	550,837	-14,350	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	Y			
21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		2	N	14
21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2			
21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	2			
21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO.	N			
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	Y			
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N			
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /	
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /	
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /	
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /	
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ /	/ /	
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /	
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /	
24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy)			/ /	
24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).			/ /	
25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N			
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N			
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.				
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N			
25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			
25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N		

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N		
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	0			
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		100	0.8335	0.8386
			0.00	2	14
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)	%	Y/N		
28.03	STAFFING	91.36%	Y		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.02%	Y		
28.07		0.00%			
28.08		0.00%			
28.09		0.00%			
28.10		0.00%			
28.11		0.00%			
28.12		0.00%			
28.13		0.00%			
28.14		0.00%			
28.15		0.00%			
28.16		0.00%			
28.17		0.00%			
28.18		0.00%			
28.19		0.00%			
28.20		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N	Y	N	

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME MUTUAL OF OMAHA FI/CONTRACTOR #
40.02 STREET: 4000 MEREDIAN BLVD P.O. BOX:
40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
53.01 MDH PERIOD: BEGINNING: 5/ 1/2008 ENDING: 4/30/2009

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 390,540
PAID LOSSES: 80,244
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y Y

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
I 14-0040 I FROM 5/ 1/2008 I WORKSHEET S-3
I TO 4/30/2009 I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	115	41,975			7,572		1,547
2	HMO							894
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	115	41,975			7,572		1,547
6	INTENSIVE CARE UNIT	12	4,380			1,665		332
11	NURSERY							470
12	TOTAL	127	46,355			9,237		2,349
13	RPCH VISITS							
14	SUBPROVIDER	12	4,380			2,094		87
15	SKILLED NURSING FACILITY	34	12,410			7,857		
25	TOTAL	173						
26	OBSERVATION BED DAYS							192
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED NOT ADMITTED 5.01 5.02		O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED NOT ADMITTED 6.01 6.02		-- INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 7 8	
1	ADULTS & PEDIATRICS			11,870				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			11,870				
6	INTENSIVE CARE UNIT			2,335				
11	NURSERY			771				
12	TOTAL			14,976				
13	RPCH VISITS							
14	SUBPROVIDER			2,766				
15	SKILLED NURSING FACILITY			8,553				
25	TOTAL							
26	OBSERVATION BED DAYS	7	185	394	27	367		
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					2,023	554	3,486
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		358.66			2,023	554	3,486
13	RPCH VISITS							
14	SUBPROVIDER		12.48			172	9	222
15	SKILLED NURSING FACILITY		402.31					
25	TOTAL		773.45					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO:
I 14-0040
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET S-3
I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	19,042,589		19,042,589	836,803.00	22.76	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF	1,416,010		1,416,010	64,668.00	21.90	
	EXCLUDED AREA SALARIES	739,378	-48,426	690,952	29,912.00	23.10	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	1,952,233		1,952,233	45,211.00	43.18	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	36,176		36,176	566.00	63.92	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	1,042,425		1,042,425	16,196.00	64.36	
12.01	HOME OFFICE: PHYS PART A						
	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	4,088,091		4,088,091			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	928,001		928,001			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
18.01	PHYSICIAN PART A						CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B						CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
	INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	138,392		138,392	6,561.00	21.09	
22.01	ADMINISTRATIVE & GENERAL	1,926,871	-136,006	1,790,865	107,352.00	16.68	
23	A & G UNDER CONTRACT						
24	MAINTENANCE & REPAIRS						
25	OPERATION OF PLANT	399,525		399,525	20,990.00	19.03	
26	LAUNDRY & LINEN SERVICE						
26.01	HOUSEKEEPING	512,350		512,350	49,804.00	10.29	
27	HOUSEKEEPING UNDER CONTRACT						
27.01	DIETARY						
28	DIETARY UNDER CONTRACT	938,895	53,643	992,538			
29	CAFETERIA						
30	MAINTENANCE OF PERSONNEL						
31	NURSING ADMINISTRATION	1,287,001	60,142	1,347,143	45,402.00	29.67	
32	CENTRAL SERVICE AND SUPPLY	97,950		97,950	8,654.00	11.32	
33	PHARMACY	613,441		613,441	20,663.00	29.69	
34	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	306,254		306,254	23,201.00	13.20	
35	SOCIAL SERVICE						
	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	19,981,484	53,643	20,035,127	836,803.00	23.94	
2	EXCLUDED AREA SALARIES	2,155,388	-48,426	2,106,962	94,580.00	22.28	
3	SUBTOTAL SALARIES	17,826,096	102,069	17,928,165	742,223.00	24.15	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,030,834		3,030,834	61,973.00	48.91	
5	SUBTOTAL WAGE-RELATED COSTS	4,088,091		4,088,091		22.80	
6	TOTAL	24,945,021	102,069	25,047,090	804,196.00	31.15	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	6,220,679	-22,221	6,198,458	282,627.00	21.93	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET	S-7
I		I	TO 4/30/2009	I		

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO RATE	10/1 DAYS	SERVICES ON/AFTER RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA		13				
3 .01	RUX						
3 .02	RUL		19				
4	RVC		92				
5	RVB		147				
6	RVA		9				
6 .01	RVX		43				
6 .02	RVL		97				
7	RHC		366				
8	RHB		672				
9	RHA		210				
9 .01	RHX						
9 .02	RHL						
10	RMC		46				
11	RMB		252				
12	RMA		256				
12 .01	RMX		1,288				
12 .02	RML		3,213				
13	RLB		9				
14	RLA						
14 .01	RLX						
15	SE3		425				
16	SE2		321				
17	SE1		7				
18	SSC						
19	SSB		1				
20	SSA		273				
21	CC2						
22	CC1						
23	CB2						
24	CB1		34				
25	CA2						
26	CA1		34				
27	IB2						
28	IB1		1				
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		1				
45	AAA		28				
46	TOTAL		7,857				

- (1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8335
Wage Index Factor (after 10/01):	:	0.8386
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	14
SNF CBSA Code	:	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
I 14-0040 I FROM 5/ 1/2008 I WORKSHEET S-7
I I TO 4/30/2009 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
46	TOTAL			

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.8335
Wage Index Factor (after 10/01): 0.8386
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : RURAL
SNF MSA Code : 14
SNF CBSA Code : NOT SPECIFIED

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 40,914,582

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 102,249

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 41,016,831

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
INDIGENT CARE PROGRAMS 102,249

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .189358

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
(LINE 23 * LINE 24) 19,362

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 40,143,806

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,601,551
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	7,620,913
	(SUM OF LINES 25, 27, AND 29)	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0040
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		841,371	841,371	610,764	1,452,135
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,540,793	1,540,793	644,922	2,185,715
5	0500	EMPLOYEE BENEFITS	138,392	130,568	268,960	3,543,600	3,812,560
6	0600	ADMINISTRATIVE & GENERAL	1,926,871	16,042,989	17,969,860	-4,512,934	13,456,926
8	0800	OPERATION OF PLANT	399,525	1,599,770	1,999,295	-82	1,999,213
9	0900	LAUNDRY & LINEN SERVICE		255,834	255,834		255,834
10	1000	HOUSEKEEPING	512,350	229,948	742,298		742,298
11	1100	DIETARY		1,660,463	1,660,463	-1,320	1,659,143
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	1,287,001	157,764	1,444,765	68,303	1,513,068
15	1500	CENTRAL SERVICES & SUPPLY	97,950	732,822	830,772	-393,713	437,059
16	1600	PHARMACY	613,441	2,204,387	2,817,828	-2,161,071	656,757
17	1700	MEDICAL RECORDS & LIBRARY	306,254	564,519	870,773		870,773
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,385,814	981,054	3,366,868	519,796	3,886,664
26	2600	INTENSIVE CARE UNIT	1,088,830	641,120	1,729,950	-167	1,729,783
31	3100	SUBPROVIDER	587,141	287,343	874,484	-489	873,995
33	3300	NURSERY		386	386	259,700	260,086
34	3400	SKILLED NURSING FACILITY	1,416,010	362,593	1,778,603	-4,901	1,773,702
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,247,934	4,768,985	6,016,919	-2,206,942	3,809,977
38	3800	RECOVERY ROOM	679,003	72,099	751,102	-751,102	
39	3900	DELIVERY ROOM & LABOR ROOM	879,336	169,505	1,048,841	-785,510	263,331
40	4000	ANESTHESIOLOGY	1,279,061	460,272	1,739,333	-924	1,738,409
41	4100	RADIOLOGY-DIAGNOSTIC	677,832	880,697	1,558,529	928,271	2,486,800
41.01	3230	ULTRASOUND	95,757	17,318	113,075	-113,075	
41.02	4101	CT SCAN	139,117	222,913	362,030	-362,030	
41.03	4102	MRI	120,378	299,257	419,635	-419,635	
43	4300	RADIOISOTOPE	112,829	280,666	393,495	-393,495	
44	4400	LABORATORY	960,151	1,662,478	2,622,629	-4,937	2,617,692
49	4900	RESPIRATORY THERAPY	335,524	138,987	474,511	77,818	552,329
49.01	4901	SLEEP LAB	67,313	11,223	78,536	-78,536	
50	5000	PHYSICAL THERAPY		482,402	482,402	301,236	783,638
51	5100	OCCUPATIONAL THERAPY		230,684	230,684	-230,684	
52	5200	SPEECH PATHOLOGY		70,552	70,552	-70,552	
53	5300	ELECTROCARDIOLOGY	444,096	346,792	790,888		790,888
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,334,617	3,334,617
56	5600	DRUGS CHARGED TO PATIENTS				2,000,794	2,000,794
57	5700	RENAL DIALYSIS		114,136	114,136		114,136
59.01	3950	WOUND CARE	92,032	398,526	490,558	-390	490,168
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	1,000,410	1,484,931	2,485,341	133,259	2,618,600
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	124,290	12,034	136,324	-136,324	
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
95		SUBTOTALS	19,014,642	40,358,181	59,372,823	-205,733	59,167,090
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	LIFELINE					
100	7951	OTHER NON-REIM., SR CIR	27,947	21,486	49,433		49,433
100.01	7952	FOODLIFT				205,733	205,733
100.02	7953	MARKETING				-0-	59,422,256
101		TOTAL	19,042,589	40,379,667	59,422,256		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0040
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT	3,	3
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	2,195,757	3,647,892
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	85,277	2,270,992
5	0500	EMPLOYEE BENEFITS	-9,006	3,803,554
6	0600	ADMINISTRATIVE & GENERAL	-7,801,783	5,655,143
8	0800	OPERATION OF PLANT		1,999,213
9	0900	LAUNDRY & LINEN SERVICE		255,834
10	1000	HOUSEKEEPING		742,298
11	1100	DIETARY	-200,136	1,459,007
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION	-4,557	1,508,511
15	1500	CENTRAL SERVICES & SUPPLY		437,059
16	1600	PHARMACY		656,757
17	1700	MEDICAL RECORDS & LIBRARY	-1,612	869,161
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		3,886,664
26	2600	INTENSIVE CARE UNIT		1,729,783
31	3100	SUBPROVIDER	-143,311	730,684
33	3300	NURSERY		260,086
34	3400	SKILLED NURSING FACILITY	-1,166	1,772,536
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-6,650	3,803,327
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		263,331
40	4000	ANESTHESIOLOGY	-105,285	1,633,124
41	4100	RADIOLOGY-DIAGNOSTIC		2,486,800
41.01	3230	ULTRASOUND		
41.02	4101	CT SCAN		
41.03	4102	MRI		
43	4300	RADIOISOTOPE		
44	4400	LABORATORY	-11,300	2,606,392
49	4900	RESPIRATORY THERAPY		552,329
49.01	4901	SLEEP LAB		
50	5000	PHYSICAL THERAPY		783,638
51	5100	OCCUPATIONAL THERAPY		
52	5200	SPEECH PATHOLOGY		
53	5300	ELECTROCARDIOLOGY	-2,933	787,955
54	5400	ELECTROENCEPHALOGRAPHY		
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,334,617
56	5600	DRUGS CHARGED TO PATIENTS		2,000,794
57	5700	RENAL DIALYSIS		114,136
59.01	3950	WOUND CARE		490,168
		OUTPAT SERVICE COST CNTRS		
61	6100	EMERGENCY	-1,189,093	1,429,507
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	-7,195,795	51,971,295
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	LIFELINE		
100	7951	OTHER NON-REIM., SR CIR		49,433
100.01	7952	FOODLIFT		
100.02	7953	MARKETING		205,733
101		TOTAL	-7,195,795	52,226,461

COST CENTERS USED IN COST REPORT

I PROVIDER NO:

I PERIOD:

I PREPARED 9/29/2009

I 14-0040

I FROM 5/ 1/2008

I NOT A CMS WORKSHEET

I

I TO 4/30/2009

I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3230	CAT SCAN
41.02	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4102	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59.01	WOUND CARE	3950	OTHER ANCILLARY SERVICE COST CENTERS
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	LIFELINE	9801	PHYSICIANS' PRIVATE OFFICES
100	OTHER NON-REIM., SR CIR	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOODLIFT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140040PERIOD:
FROM 5/ 1/2008
TO 4/30/2009PREPARED 9/29/2009
WORKSHEET A-6

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4 OTHER 5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5	3,544,642
2				
3 OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	125,884
4				
5				
6				
7				
8				
9 RENTAL AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4	632,721
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29 OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3	610,764
30		NEW CAP REL COSTS-MVBLE EQUIP	4	12,201
31				
32 MARKETING DEPARTMENT	E	MARKETING	100.02	75,864
33				129,869
34 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	3,208,733
35				
1 MEDICAL SUPPLIES	F			
2 COST OF DRUGS/IV	G	DRUGS CHARGED TO PATIENTS	56	2,000,794
3				
4 LABOR AND DELIVERY	H	ADULTS & PEDIATRICS	25	441,339
5		NURSERY	33	216,878
6				84,246
7 PT, OT, ST	I	PHYSICAL THERAPY	50	42,822
8				301,236
9				
10 MISC DEPARTMENTS	J	NURSING ADMINISTRATION	14	60,142
11		OPERATING ROOM	37	8,161
12		RESPIRATORY THERAPY	49	72,099
13		EMERGENCY	61	67,313
14				11,223
15				12,034
16				
17				
18 RADIOLOGY COSTS	K	RADIOLOGY-DIAGNOSTIC	41	468,081
19				539,956
20				
21				
22				
36 TOTAL RECLASSIFICATIONS				2,132,910
				11,337,385

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140040

PERIOD:

FROM 5/ 1/2008
TO 4/30/2009PREPARED 9/29/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
1 EMPLOYEE BENEFITS	A							
2		ADMINISTRATIVE & GENERAL	6				3,544,642	
3 OXYGEN COSTS	B							
4		OPERATION OF PLANT	8				82	
5		CENTRAL SERVICES & SUPPLY	15				103,880	
6		OPERATING ROOM	37				21,049	
7		ANESTHESIOLOGY	40				538	
8		RESPIRATORY THERAPY	49				335	
9 RENTAL AND LEASE EXPENSE	C							10
10		EMPLOYEE BENEFITS	5				1,042	
11		ADMINISTRATIVE & GENERAL	6				71,291	
12		DIETARY	11				1,320	
13		CENTRAL SERVICES & SUPPLY	15				16,183	
14		PHARMACY	16				160,277	
15		ADULTS & PEDIATRICS	25				5,789	
16		INTENSIVE CARE UNIT	26				167	
17		SUBPROVIDER	31				489	
18		SKILLED NURSING FACILITY	34				4,901	
19		OPERATING ROOM	37				1,912	
20		DELIVERY ROOM & LABOR ROOM	39				225	
21		ANESTHESIOLOGY	40				386	
22		RADIOLOGY-DIAGNOSTIC	41				79,766	
23		CT SCAN	41.02				107,398	
24		MRI	41.03				172,800	
25		LABORATORY	44				4,937	
26		RESPIRATORY THERAPY	49				383	
27		WOUND CARE	59.01				390	
28		EMERGENCY	61				3,065	
29 OTHER CAPITAL COSTS	D							12
30								12
31		ADMINISTRATIVE & GENERAL	6				622,965	
32 MARKETING DEPARTMENT	E							
33		ADMINISTRATIVE & GENERAL	6			75,864	129,869	
34 MEDICAL SUPPLIES	F							
35		CENTRAL SERVICES & SUPPLY	15				273,650	
1 MEDICAL SUPPLIES	F	OPERATING ROOM	37				2,935,083	
2 COST OF DRUGS/IV	G							
3		PHARMACY	16				2,000,794	
4 LABOR AND DELIVERY	H							
5								
6		DELIVERY ROOM & LABOR ROOM	39			658,217	127,068	
7 PT, OT, ST	I							
8		OCCUPATIONAL THERAPY	51				230,684	
9		SPEECH PATHOLOGY	52				70,552	
10 MISC DEPARTMENTS	J							
11								
12								
13								
14		ADMINISTRATIVE & GENERAL	6			60,142	8,161	
15		RECOVERY ROOM	38			679,003	72,099	
16		SLEEP LAB	49.01			67,313	11,223	
17		AMBULANCE SERVICES	65			124,290	12,034	
18 RADIOLOGY COSTS	K							
19		ULTRASOUND	41.01			95,757	17,318	
20		CT SCAN	41.02			139,117	115,515	
21		MRI	41.03			120,378	126,457	
22		RADIOISOTOPE	43			112,829	280,666	
36 TOTAL RECLASSIFICATIONS						2,132,910	11,337,385	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140040PERIOD:
FROM 5/ 1/2008
TO 4/30/2009PREPARED 9/29/2009
WORKSHEET A-6
NOT A CMS WORKSHEETRECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,544,642
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			3,544,642

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	3,544,642
		3,544,642

RECLASS CODE: B
EXPLANATION : OXYGEN COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	125,884
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			125,884

COST CENTER	LINE	AMOUNT
OPERATION OF PLANT	8	82
CENTRAL SERVICES & SUPPLY	15	103,880
OPERATING ROOM	37	21,049
ANESTHESIOLOGY	40	538
RESPIRATORY THERAPY	49	335
		125,884

RECLASS CODE: C
EXPLANATION : RENTAL AND LEASE EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	632,721
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			632,721

COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	1,042
ADMINISTRATIVE & GENERAL	6	71,291
DIETARY	11	1,320
CENTRAL SERVICES & SUPPLY	15	16,183
PHARMACY	16	160,277
ADULTS & PEDIATRICS	25	5,789
INTENSIVE CARE UNIT	26	167
SUBPROVIDER	31	489
SKILLED NURSING FACILITY	34	4,901
OPERATING ROOM	37	1,912
DELIVERY ROOM & LABOR ROOM	39	225
ANESTHESIOLOGY	40	386
RADIOLOGY-DIAGNOSTIC	41	79,766
CT SCAN	41.02	107,398
MRI	41.03	172,800
LABORATORY	44	4,937
RESPIRATORY THERAPY	49	383
WOUND CARE	59.01	390
EMERGENCY	61	3,065
		632,721

RECLASS CODE: D
EXPLANATION : OTHER CAPITAL COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	610,764
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	12,201
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			622,965

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	622,965
		622,965

RECLASS CODE: E
EXPLANATION : MARKETING DEPARTMENT

LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.02	205,733
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			205,733

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	205,733
		205,733

RECLASS CODE: F
EXPLANATION : MEDICAL SUPPLIES

LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,208,733
2.00			0

COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	273,650
		0

RECLASSIFICATIONS

PROVIDER NO:
140040

PERIOD:

FROM 5/ 1/2008

TO 4/30/2009

PREPARED 9/29/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: F

EXPLANATION : MEDICAL SUPPLIES

LINE	COST CENTER	INCREASE	LINE	AMOUNT
3.00				0
TOTAL RECLASSIFICATIONS FOR CODE F				3,208,733

COST CENTER	DECREASE	LINE	AMOUNT
OPERATING ROOM		37	2,935,083
			3,208,733

RECLASS CODE: G

EXPLANATION : COST OF DRUGS/IV

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS		56	2,000,794
2.00				0
TOTAL RECLASSIFICATIONS FOR CODE G				2,000,794

COST CENTER	DECREASE	LINE	AMOUNT
PHARMACY		16	2,000,794
			2,000,794

RECLASS CODE: H

EXPLANATION : LABOR AND DELIVERY

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS		25	525,585
2.00	NURSERY		33	259,700
3.00				0
TOTAL RECLASSIFICATIONS FOR CODE H				785,285

COST CENTER	DECREASE	LINE	AMOUNT
			0
DELIVERY ROOM & LABOR ROOM		39	785,285
			785,285

RECLASS CODE: I

EXPLANATION : PT, OT, ST

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	PHYSICAL THERAPY		50	301,236
2.00				0
3.00				0
TOTAL RECLASSIFICATIONS FOR CODE I				301,236

COST CENTER	DECREASE	LINE	AMOUNT
			0
OCCUPATIONAL THERAPY		51	230,684
SPEECH PATHOLOGY		52	70,552
			301,236

RECLASS CODE: J

EXPLANATION : MISC DEPARTMENTS

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	NURSING ADMINISTRATION		14	68,303
2.00	OPERATING ROOM		37	751,102
3.00	RESPIRATORY THERAPY		49	78,536
4.00	EMERGENCY		61	136,324
5.00				0
6.00				0
7.00				0
8.00				0
TOTAL RECLASSIFICATIONS FOR CODE J				1,034,265

COST CENTER	DECREASE	LINE	AMOUNT
			0
			0
			0
			0
ADMINISTRATIVE & GENERAL		6	68,303
RECOVERY ROOM		38	751,102
SLEEP LAB		49.01	78,536
AMBULANCE SERVICES		65	136,324
			1,034,265

RECLASS CODE: K

EXPLANATION : RADIOLOGY COSTS

LINE	COST CENTER	INCREASE	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC		41	1,008,037
2.00				0
3.00				0
4.00				0
5.00				0
TOTAL RECLASSIFICATIONS FOR CODE K				1,008,037

COST CENTER	DECREASE	LINE	AMOUNT
			0
ULTRASOUND		41.01	113,075
CT SCAN		41.02	254,632
MRI		41.03	246,835
RADIOISOTOPE		43	393,495
			1,008,037

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	1,943,661					1,943,661	
2	LAND IMPROVEMENTS	854,189	38,400		38,400		892,589	
3	BUILDINGS & FIXTURE	52,765,496	2,925		2,925		52,768,421	
4	BUILDING IMPROVEMEN	2,164,344	810,851		810,851		2,975,195	
5	FIXED EQUIPMENT	2,160,440	370,755		370,755		2,531,195	
6	MOVABLE EQUIPMENT	35,992,433	3,175,593		3,175,593		39,168,026	
7	SUBTOTAL	95,880,563	4,398,524		4,398,524		100,279,087	
8	RECONCILING ITEMS							
9	TOTAL	95,880,563	4,398,524		4,398,524		100,279,087	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL				1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL						3	3
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,644,320		1,418,001	610,764		-25,193	3,647,892
4	NEW CAP REL COSTS-MV	1,531,541	632,721		12,201		94,529	2,270,992
5	TOTAL	3,175,861	632,721	1,418,001	622,965		69,339	5,918,887

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	841,371						841,371
4	NEW CAP REL COSTS-MV	1,540,793						1,540,793
5	TOTAL	2,382,164						2,382,164

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-0040
II PERIOD: I PREPARED 9/29/2009
I FROM 5/ 1/2008 I WORKSHEET A-8
I TO 4/30/2009 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,464,295				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-319,098				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-200,136	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-71,165	NEW CAP REL COSTS-BLDG &		3	14
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,612	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	802,949	NEW CAP REL COSTS-BLDG &		3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-5,472	NEW CAP REL COSTS-MVBLE E		4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 SPONSORSHIPS	B	-21,500	ADMINISTRATIVE & GENERAL		6	
38 BAD DEBTS	A	-4,819,879	ADMINISTRATIVE & GENERAL		6	
39 MARKETING	A	-149,222	ADMINISTRATIVE & GENERAL		6	
40 CLUB DUES	A	-7,154	ADMINISTRATIVE & GENERAL		6	
41 PHYSICIAN RECRUITING	A	-22,433	ADMINISTRATIVE & GENERAL		6	
42 LOBBYING EXPENSE	A	-21,484	ADMINISTRATIVE & GENERAL		6	
43 CHARITABLE CONTRIBUTIONS	A	-5,257	ADMINISTRATIVE & GENERAL		6	
44 PENALTIES	A	-6,106	ADMINISTRATIVE & GENERAL		6	
45 PHONE WAGES	A	-34,190	ADMINISTRATIVE & GENERAL		6	
46 PHONE BENEFITS	A	-9,006	EMPLOYEE BENEFITS		5	
47 PATIENT PHONE EXPENSES	A	-3,299	ADMINISTRATIVE & GENERAL		6	
48 PHONE DEPRECIATION	A	-3,780	NEW CAP REL COSTS-MVBLE E		4	9
49 IL PROVIDER TAX	A	-1,327,168	ADMINISTRATIVE & GENERAL		6	
49.01 MINORITY INTEREST	A	807,974	ADMINISTRATIVE & GENERAL		6	
49.02 PHYSICIAN RECRUITING	A	-314,462	ADMINISTRATIVE & GENERAL		6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,195,795				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & CAP RELATED INTEREST	1,418,001		1,418,001	11
2	6	ADMINISTRATIVE & GENERAL DIR ALLOC - OPER INTEREST	46,092		46,092	
3	6	ADMINISTRATIVE & GENERAL PASI OP COSTS	292,104		292,104	
4	3	NEW CAP REL COSTS-BLDG & PASI CAP COSTS	28,350		28,350	14
4.01	6	ADMINISTRATIVE & GENERAL HH - FUNCTIONAL ALLOC	25,445		25,445	
4.02	1	OLD CAP REL COSTS-BLDG & OLD CAP - BUILDING & FIXT	3		3	14
4.03	3	NEW CAP REL COSTS-BLDG & NEW CAP - BUILDING & FIXT	17,622		17,622	14
4.04	4	NEW CAP REL COSTS-MVBLE E NEW CAP - MOVABLE EQUIP	94,529		94,529	14
4.05	6	ADMINISTRATIVE & GENERAL NON-CAP HO COSTS	956,740		956,740	
4.06	6	ADMINISTRATIVE & GENERAL INTEREST EXPENSE		67,750	-67,750	
4.07	6	ADMINISTRATIVE & GENERAL MANAGMENT FEES		1,973,736	-1,973,736	
4.08	6	ADMINISTRATIVE & GENERAL PASI FEES		330,644	-330,644	
4.09	6	ADMINISTRATIVE & GENERAL MISC HO COSTS		567,300	-567,300	
4.10	6	ADMINISTRATIVE & GENERAL MALPRACTICE	470,784	729,338	-258,554	
5		TOTALS	3,349,670	3,668,768	-319,098	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL COMPANY
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0040

I

I PERIOD:

I FROM 5/ 1/2008

I TO

4/30/2009

I PREPARED 9/29/2009

I WORKSHEET A-8-2

I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	14	NURSING ADMIN	12,025		12,025	138,700	112	7,468	373
2	31	PSYCH	150,811	143,311	7,500	138,700	302	20,138	1,007
3	34	SNF	3,500		3,500	138,700	35	2,334	117
4	37	OPERATING ROOM	6,650	6,650					
5	40	ANESTHESIA	111,083	103,932	7,151	167,500	72	5,798	290
6	44	LABORATORY	11,300	11,300					
7	53	EKG	6,000		6,000	138,700	46	3,067	153
8	61	ER	1,189,093	1,189,093					
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,490,462	1,454,286	36,176		567	38,805	1,940

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 14-0040

I

I PERIOD:

I FROM 5/ 1/2008

I TO

4/30/2009

I PREPARED

9/29/2009

I WORKSHEET

A-8-2

I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	14	NURSING ADMIN					7,468	4,557	4,557
2	31	PSYCH					20,138		143,311
3	34	SNF					2,334	1,166	1,166
4	37	OPERATING ROOM							6,650
5	40	ANESTHESIA					5,798	1,353	105,285
6	44	LABORATORY							11,300
7	53	EKG					3,067	2,933	2,933
8	61	ER							1,189,093
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					38,805	10,009	1,464,295

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 14-0040
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009 II PREPARED 9/29/2009
I NOT A CMS WORKSHEET
I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	LBS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTES		ENTERED
14	NURSING ADMINISTRATION	9	DIRECT	NRS HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	CHARGES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:

14-0040

PERIOD:

FROM 5/ 1/2008

TO 4/30/2009

PREPARED 9/29/2009

WORKSHEET B

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE E	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE E	C EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	3		3				
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,647,892			3,647,892			
005 NEW CAP REL COSTS-MVBLE E	2,270,992				2,270,992		
006 EMPLOYEE BENEFITS	3,803,554			28,197	17,554	3,849,305	
008 ADMINISTRATIVE & GENERAL	5,655,143			392,627	244,429	364,660	6,656,859
009 OPERATION OF PLANT	1,999,213	3		1,104,999	687,918	81,352	3,873,485
010 LAUNDRY & LINEN SERVICE	255,834			27,565	17,160		300,559
011 HOUSEKEEPING	742,298			39,602	24,654	104,326	910,880
012 DIETARY	1,459,007			100,727	62,707		1,622,441
014 CAFETERIA				49,075	30,552		79,627
015 NURSING ADMINISTRATION	1,508,511			54,719	34,066	274,308	1,871,604
016 CENTRAL SERVICES & SUPPLY	437,059			112,085	69,779	19,945	638,868
017 PHARMACY	656,757			36,476	22,708	124,910	840,851
017 MEDICAL RECORDS & LIBRARY	869,161			86,102	53,602	62,360	1,071,225
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,886,664			331,385	206,303	575,662	5,000,014
031 INTENSIVE CARE UNIT	1,729,783			99,966	62,234	221,710	2,113,693
033 SUBPROVIDER	730,684			82,261	51,211	119,555	983,711
034 NURSERY	260,086			16,370	10,191	44,161	330,808
034 SKILLED NURSING FACILITY	1,772,536			170,248	105,987	288,331	2,337,102
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,803,327			243,562	151,629	392,367	4,590,885
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	263,331					45,025	308,356
041 ANESTHESIOLOGY	1,633,124			5,012	3,120	260,445	1,901,701
041 RADIOLOGY-DIAGNOSTIC	2,486,800			211,524	131,684	233,333	3,063,341
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	2,606,392			85,949	53,508	195,508	2,941,357
049 RESPIRATORY THERAPY	552,329			118,221	73,599	82,026	826,175
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	783,638			17,494	10,891		812,023
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	787,955			21,054	13,107	90,428	912,544
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	3,334,617						3,334,617
056 DRUGS CHARGED TO PATIENTS	2,000,794						2,000,794
057 RENAL DIALYSIS	114,136			34,743	21,629		170,508
059 01 WOUND CARE	490,168					18,740	508,908
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,429,507			83,537	52,006	229,014	1,794,064
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	51,971,295	3		3,553,500	2,212,228	3,828,166	51,797,000
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC				94,392	58,764		153,156
098 01 LIFELINE							
100 OTHER NON-REIM., SR CIR	49,433					5,691	55,124
100 01 FOODLIFT							
100 02 MARKETING	205,733					15,448	221,181
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	52,226,461	3		3,647,892	2,270,992	3,849,305	52,226,461

Health Financial Systems		MCRIF32	FOR GALESBURG COTTAGE HOSPITAL		IN LIEU OF FORM CMS-2552-96(9/1997)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED
			I	14-0040	I	FROM 5/ 1/2008	I	9/29/2009
			I		I	TO 4/30/2009	I	WORKSHEET B
								PART I
	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL	6,656,859						
009	OPERATION OF PLANT	565,843	4,439,328					
010	LAUNDRY & LINEN SERVICE	43,906	57,665	402,130				
011	HOUSEKEEPING	133,062	82,848		1,126,790			
012	DIETARY	237,008	210,720		55,233	2,125,402		
014	CAFETERIA	11,632	102,665		26,910	1,087,002	1,307,836	
015	NURSING ADMINISTRATION	273,406	114,473	3,753	30,005		91,236	2,384,477
016	CENTRAL SERVICES & SUPPLY	93,326	234,482		61,462		17,307	
017	PHARMACY	122,832	76,307		20,001		41,354	
	MEDICAL RECORDS & LIBRARY	156,486	180,124		47,213		46,596	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	730,415	693,254	150,354	181,715	332,166	253,903	535,582
026	INTENSIVE CARE UNIT	308,770	209,128	23,904	54,816	34,558	86,243	206,268
031	SUBPROVIDER	143,701	172,089	10,910	45,107	95,323	52,004	111,228
033	NURSERY	48,325	34,246		8,977		15,060	41,085
034	SKILLED NURSING FACILITY	341,406	356,156	49,314	93,354	236,201	129,677	268,249
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	670,641	509,530	72,327	133,556		150,853	365,039
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	45,045					15,352	41,889
040	ANESTHESIOLOGY	277,802	10,485		2,748		31,577	242,305
041	RADIOLOGY-DIAGNOSTIC	447,496	442,483	21,302	115,982		93,565	
041 01	ULTRASOUND							
041 02	CT SCAN							
041 03	MRI							
043	RADIOISOTOPE							
044	LABORATORY	429,676	179,805	1,164	47,130		115,407	181,891
049	RESPIRATORY THERAPY	120,688	247,318	1,167	64,826		40,105	76,313
049 01	SLEEP LAB							
050	PHYSICAL THERAPY	118,621	36,598		9,593			
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	133,305	44,045	89	11,545		34,489	84,130
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	487,124						
056	DRUGS CHARGED TO PATIENTS	292,278						
057	RENAL DIALYSIS	24,908	72,681	33,985	19,051		416	
059 01	WOUND CARE	74,342		3,842			7,530	17,435
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	262,079	174,759	27,478	45,807	46,295	77,257	213,063
065	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS							
	SUBTOTALS	6,594,123	4,241,861	399,589	1,075,031	1,831,545	1,299,931	2,384,477
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP							
098 01	PHYSICIANS' PRIVATE OFFIC	22,373	197,467	1,106	51,759	293,857		
098 01	LIFELINE							
100	OTHER NON-REIM., SR CIR	8,053		1,435			3,578	
100 01	FOODLIFT							
100 02	MARKETING	32,310					4,327	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	6,656,859	4,439,328	402,130	1,126,790	2,125,402	1,307,836	2,384,477

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		MEDICAL RECOR SUBTOTAL DS & LIBRARY		I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	15	16	17	25		
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY	1,045,445					
017 PHARMACY	2,320	1,103,665				
017 MEDICAL RECORDS & LIBRARY	1,945		1,503,589			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	38,073		105,984	8,021,460		8,021,460
031 INTENSIVE CARE UNIT	22,473		44,758	3,104,611		3,104,611
033 SUBPROVIDER	3,810		30,046	1,647,929		1,647,929
034 NURSERY	77		5,337	483,915		483,915
034 SKILLED NURSING FACILITY	20,245		21,835	3,853,539		3,853,539
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	159,026		315,640	6,967,497		6,967,497
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO	15,776		5,442	431,860		431,860
041 ANESTHESIOLOGY	25,933		115,507	2,608,058		2,608,058
041 RADIOLOGY-DIAGNOSTIC	81,558		221,705	4,487,432		4,487,432
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY	33,412		232,301	4,162,143		4,162,143
049 RESPIRATORY THERAPY	13,984		31,959	1,422,535		1,422,535
049 01 SLEEP LAB						
050 PHYSICAL THERAPY	946		19,601	997,382		997,382
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,329		41,982	1,265,458		1,265,458
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED	592,398		98,892	4,513,031		4,513,031
056 DRUGS CHARGED TO PATIENTS		1,103,665	128,519	3,525,256		3,525,256
057 RENAL DIALYSIS	14		2,035	323,598		323,598
059 01 WOUND CARE	8,127		1,153	621,337		621,337
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	21,799		80,893	2,743,494		2,743,494
065 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	1,045,245	1,103,665	1,503,589	51,180,535		51,180,535
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFIC				719,718		719,718
098 01 LIFELINE						
100 OTHER NON-REIM., SR CIR	200			68,390		68,390
100 01 FOODLIFT						
100 02 MARKETING				257,818		257,818
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	1,045,445	1,103,665	1,503,589	52,226,461		52,226,461

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL OSTS-MVBLE E 2	NEW CAP REL OSTS-BLDG & 3	NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT		3				3	
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS							
033 INTENSIVE CARE UNIT							
034 SUBPROVIDER							
037 NURSERY							
038 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM							
041 RECOVERY ROOM							
041 01 DELIVERY ROOM & LABOR ROO							
041 02 ANESTHESIOLOGY							
041 03 RADIOLOGY-DIAGNOSTIC							
043 01 ULTRASOUND							
044 02 CT SCAN							
049 03 MRI							
049 01 RADIOISOTOPE							
050 LABORATORY							
051 RESPIRATORY THERAPY							
052 01 SLEEP LAB							
053 PHYSICAL THERAPY							
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
059 01 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							
065 01 WOUND CARE							
095 OUTPAT SERVICE COST CNTRS							
096 EMERGENCY							
098 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
100 AMBULANCE SERVICES							
100 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS		3				3	
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
103 PHYSICIANS' PRIVATE OFFIC							
103 01 LIFELINE							
100 OTHER NON-REIM., SR CIR							
100 01 FOODLIFT							
100 02 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3				3	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT		3					
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
025 MEDICAL RECORDS & LIBRARY							
026 INPUT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS		3					
033 INTENSIVE CARE UNIT							
034 SUBPROVIDER							
037 NURSERY							
038 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM							
041 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY							
049 RESPIRATORY THERAPY							
049 01 SLEEP LAB							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 01 WOUND CARE							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS		3					
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
100 01 LIFELINE							
100 OTHER NON-REIM., SR CIR							
100 01 FOODLIFT							
100 02 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3					

ALLOCATION OF OLD CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-0040I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET B
I PART II

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
025 MEDICAL RECORDS & LIBRARY						
026 INPAT ROUTINE SRVC CNTRS						
031 ADULTS & PEDIATRICS				3		3
033 INTENSIVE CARE UNIT						
034 SUBPROVIDER						
037 NURSERY						
038 SKILLED NURSING FACILITY						
039 ANCILLARY SRVC COST CNTRS						
040 OPERATING ROOM						
041 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR ROO						
041 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC						
041 01 ULTRASOUND						
041 02 CT SCAN						
041 03 MRI						
043 RADIOISOTOPE						
044 LABORATORY						
049 RESPIRATORY THERAPY						
049 01 SLEEP LAB						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS						
059 01 WOUND CARE						
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY						
065 OBSERVATION BEDS (NON-DIS						
095 OTHER REIMBURS COST CNTRS						
096 AMBULANCE SERVICES						
098 SPEC PURPOSE COST CENTERS						
098 SUBTOTALS				3		3
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFIC						
098 01 LIFELINE						
100 OTHER NON-REIM., SR CIR						
100 01 FOODLIFT						
100 02 MARKETING						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL				3		3

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-0040I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	C OLD CAP REL OSTS-MVBLE E 2	C NEW CAP REL OSTS-BLDG & 3	C NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				28,197	17,554	45,751	45,751
006	ADMINISTRATIVE & GENERAL				392,627	244,429	637,056	4,334
008	OPERATION OF PLANT				1,104,999	687,918	1,792,917	967
009	LAUNDRY & LINEN SERVICE				27,565	17,160	44,725	
010	HOUSEKEEPING				39,602	24,654	64,256	1,240
011	DIETARY				100,727	62,707	163,434	
012	CAFETERIA				49,075	30,552	79,627	
014	NURSING ADMINISTRATION				54,719	34,066	88,785	3,260
015	CENTRAL SERVICES & SUPPLY				112,085	69,779	181,864	237
016	PHARMACY				36,476	22,708	59,184	1,485
017	MEDICAL RECORDS & LIBRARY				86,102	53,602	139,704	741
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				331,385	206,303	537,688	6,842
026	INTENSIVE CARE UNIT				99,966	62,234	162,200	2,635
031	SUBPROVIDER				82,261	51,211	133,472	1,421
033	NURSERY				16,370	10,191	26,561	525
034	SKILLED NURSING FACILITY				170,248	105,987	276,235	3,427
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				243,562	151,629	395,191	4,663
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							535
040	ANESTHESIOLOGY				5,012	3,120	8,132	3,095
041	RADIOLOGY-DIAGNOSTIC				211,524	131,684	343,208	2,773
041 01	ULTRASOUND							
041 02	CT SCAN							
041 03	MRI							
043	RADIOISOTOPE							
044	LABORATORY				85,949	53,508	139,457	2,324
049	RESPIRATORY THERAPY				118,221	73,599	191,820	975
049 01	SLEEP LAB							
050	PHYSICAL THERAPY				17,494	10,891	28,385	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY				21,054	13,107	34,161	1,075
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS				34,743	21,629	56,372	
059 01	WOUND CARE							223
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY				83,537	52,006	135,543	2,722
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				3,553,500	2,212,228	5,765,728	45,499
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC				94,392	58,764	153,156	
098 01	LIFELINE							
100	OTHER NON-REIM., SR CIR							68
100 01	FOODLIFT							
100 02	MARKETING							184
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				3,647,892	2,270,992	5,918,884	45,751

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	641,390						
009 OPERATION OF PLANT	54,519	1,848,403					
010 LAUNDRY & LINEN SERVICE	4,230	24,010	72,965				
011 HOUSEKEEPING	12,821	34,495		112,812			
012 DIETARY	22,836	87,737		5,530	279,537		
014 CAFETERIA	1,121	42,747		2,694	142,964	269,153	
015 NURSING ADMINISTRATION	26,343	47,663	681	3,004		18,776	188,512
016 CENTRAL SERVICES & SUPPLY	8,992	97,631		6,153		3,562	
017 PHARMACY	11,835	31,772		2,002		8,511	
025 MEDICAL RECORDS & LIBRARY	15,077	74,998		4,727		9,589	
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	70,373	288,652	27,281	18,195	43,687	52,252	42,340
033 INTENSIVE CARE UNIT	29,750	87,075	4,337	5,488	4,545	17,749	16,307
034 SUBPROVIDER	13,846	71,653	1,980	4,516	12,537	10,702	8,794
037 NURSERY	4,656	14,259		899		3,099	3,248
038 SKILLED NURSING FACILITY	32,895	148,293	8,948	9,346	31,066	26,688	21,208
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	64,617	212,153	13,123	13,371		31,046	28,860
041 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO	4,340					3,159	3,312
044 ANESTHESIOLOGY	26,766	4,365		275		6,499	19,156
041 RADIOLOGY-DIAGNOSTIC	43,117	184,236	3,865	11,612		19,256	
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	41,400	74,866	211	4,719		23,751	14,380
049 RESPIRATORY THERAPY	11,628	102,976	212	6,490		8,254	6,033
049 01 SLEEP LAB							
050 PHYSICAL THERAPY	11,429	15,238		960			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	12,844	18,339	16	1,156		7,098	6,651
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	46,935						
056 DRUGS CHARGED TO PATIENTS	28,161						
057 RENAL DIALYSIS	2,400	30,262	6,167	1,907		86	
059 01 WOUND CARE	7,163		697			1,550	1,378
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	25,251	72,764	4,986	4,586	6,089	15,900	16,845
065 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	635,345	1,766,184	72,504	107,630	240,888	267,527	188,512
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	2,156	82,219	201	5,182	38,649		
098 01 LIFELINE							
100 OTHER NON-REIM., SR CIR	776		260			736	
100 01 FOODLIFT							
100 02 MARKETING	3,113					890	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	641,390	1,848,403	72,965	112,812	279,537	269,153	188,512

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-0040I PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009I PREPARED 9/29/2009
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY	298,439					
017	PHARMACY	662	115,451				
017	MEDICAL RECORDS & LIBRARY	555		245,391			
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS	10,868		17,294	1,115,472		1,115,472
031	INTENSIVE CARE UNIT	6,415		7,303	343,804		343,804
033	SUBPROVIDER	1,088		4,903	264,912		264,912
034	NURSERY	22		871	54,140		54,140
037	SKILLED NURSING FACILITY	5,779		3,563	567,448		567,448
038	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM	45,396		51,548	859,968		859,968
040	RECOVERY ROOM						
041	DELIVERY ROOM & LABOR ROO	4,504		888	16,738		16,738
041	ANESTHESIOLOGY	7,403		18,848	94,539		94,539
041	RADIOLOGY-DIAGNOSTIC	23,282		36,177	667,526		667,526
041	01 ULTRASOUND						
041	02 CT SCAN						
041	03 MRI						
043	RADIOISOTOPE						
044	LABORATORY	9,538		37,905	348,551		348,551
049	RESPIRATORY THERAPY	3,992		5,215	337,595		337,595
049	01 SLEEP LAB						
050	PHYSICAL THERAPY	270		3,198	59,480		59,480
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	950		6,850	89,140		89,140
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED	169,111		16,137	232,183		232,183
056	DRUGS CHARGED TO PATIENTS		115,451	20,971	164,583		164,583
057	RENAL DIALYSIS	4		332	97,530		97,530
059	01 WOUND CARE	2,320		188	13,519		13,519
061	OUTPAT SERVICE COST CNTRS						
062	EMERGENCY	6,223		13,200	304,109		304,109
065	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
095	AMBULANCE SERVICES						
095	SPEC PURPOSE COST CENTERS						
096	SUBTOTALS	298,382	115,451	245,391	5,631,237		5,631,237
098	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC				281,563		281,563
100	01 LIFELINE						
100	OTHER NON-REIM., SR CIR	57			1,897		1,897
100	01 FOODLIFT						
101	02 MARKETING				4,187		4,187
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	298,439	115,451	245,391	5,918,884		5,918,884

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
		(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS SALARIES	
		1	2	3	4	5	6a.00
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	311,527					
003	NEW CAP REL COSTS-MVB		311,527				
004	NEW CAP REL COSTS-BLD			311,527			
005	EMPLOYEE BENEFITS	2,408	2,408	2,408	2,408	18,904,197	
006	ADMINISTRATIVE & GENE	33,530	33,530	33,530	33,530	1,790,865	-6,656,859
008	OPERATION OF PLANT	94,366	94,366	94,366	94,366	399,525	
009	LAUNDRY & LINEN SERVI	2,354	2,354	2,354	2,354		
010	HOUSEKEEPING	3,382	3,382	3,382	3,382	512,350	
011	DIETARY	8,602	8,602	8,602	8,602		
012	CAFETERIA	4,191	4,191	4,191	4,191		
014	NURSING ADMINISTRATIO	4,673	4,673	4,673	4,673	1,347,143	
015	CENTRAL SERVICES & SU	9,572	9,572	9,572	9,572	97,950	
016	PHARMACY	3,115	3,115	3,115	3,115	613,441	
017	MEDICAL RECORDS & LIB	7,353	7,353	7,353	7,353	306,254	
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	28,300	28,300	28,300	28,300	2,827,153	
026	INTENSIVE CARE UNIT	8,537	8,537	8,537	8,537	1,088,830	
031	SUBPROVIDER	7,025	7,025	7,025	7,025	587,141	
033	NURSERY	1,398	1,398	1,398	1,398	216,878	
034	SKILLED NURSING FACIL	14,539	14,539	14,539	14,539	1,416,010	
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	20,800	20,800	20,800	20,800	1,926,937	
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR					221,119	
040	ANESTHESIOLOGY	428	428	428	428	1,279,061	
041	RADIOLOGY-DIAGNOSTIC	18,064	18,064	18,064	18,064	1,145,913	
041 01	ULTRASOUND						
041 02	CT SCAN						
041 03	MRI						
043	RADIOISOTOPE						
044	LABORATORY	7,340	7,340	7,340	7,340	960,151	
049	RESPIRATORY THERAPY	10,096	10,096	10,096	10,096	402,837	
049 01	SLEEP LAB						
050	PHYSICAL THERAPY	1,494	1,494	1,494	1,494		
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	1,798	1,798	1,798	1,798	444,096	
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
057	RENAL DIALYSIS	2,967	2,967	2,967	2,967		
059 01	WOUND CARE					92,032	
	OUTPAT SERVICE COST C						
061	EMERGENCY	7,134	7,134	7,134	7,134	1,124,700	
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	303,466	303,466	303,466	303,466	18,800,386	-6,656,859
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						
098	PHYSICIANS' PRIVATE O	8,061	8,061	8,061	8,061		
098 01	LIFELINE						
100	OTHER NON-REIM., SR C					27,947	
100 01	FOODLIFT						
100 02	MARKETING					75,864	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	3		3,647,892	2,270,992	3,849,305	
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	.000010		11.709714		.203622	
	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED				7.289872		
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED					45,751	
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER					.002420	
	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0040

I PERIOD:

I FROM 5/ 1/2008

I TO 4/30/2009

I PREPARED 9/29/2009

I WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(LBS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)	(DIRECT NRS HRS)
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE	45,569,602						
009	OPERATION OF PLANT	3,873,485	181,222					
010	LAUNDRY & LINEN SERVI	300,559	2,354	594,661				
011	HOUSEKEEPING	910,880	3,382		175,486			
012	DIETARY	1,622,441	8,602		8,602	215,320		
014	CAFETERIA	79,627	4,191		4,191	110,122	31,436	
015	NURSING ADMINISTRATIO	1,871,604	4,673	5,550	4,673		2,193	12,586,945
016	CENTRAL SERVICES & SU	638,868	9,572		9,572		416	
017	PHARMACY	840,851	3,115		3,115		994	
	MEDICAL RECORDS & LIB	1,071,225	7,353		7,353		1,120	
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	5,000,014	28,300	222,342	28,300	33,651	6,103	2,827,153
031	INTENSIVE CARE UNIT	2,113,693	8,537	35,348	8,537	3,501	2,073	1,088,830
033	SUBPROVIDER	983,711	7,025	16,133	7,025	9,657	1,250	587,141
034	NURSERY	330,808	1,398		1,398		362	216,878
	SKILLED NURSING FACIL	2,337,102	14,539	72,925	14,539	23,929	3,117	1,416,010
037	ANCILLARY SRVC COST C							
038	OPERATING ROOM	4,590,885	20,800	106,955	20,800		3,626	1,926,937
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR	308,356					369	221,119
041	ANESTHESIOLOGY	1,901,701	428		428		759	1,279,061
041	RADIOLOGY-DIAGNOSTIC	3,063,341	18,063	31,501	18,063		2,249	
041	01 ULTRASOUND							
041	02 CT SCAN							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY	2,941,357	7,340	1,721	7,340		2,774	960,151
049	RESPIRATORY THERAPY	826,175	10,096	1,725	10,096		964	402,837
049	01 SLEEP LAB							
050	PHYSICAL THERAPY	812,023	1,494		1,494			
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	912,544	1,798	131	1,798		829	444,096
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR	3,334,617						
056	DRUGS CHARGED TO PATI	2,000,794						
057	RENAL DIALYSIS	170,508	2,967	50,257	2,967		10	
059	01 WOUND CARE	508,908		5,681			181	92,032
061	OUTPAT SERVICE COST C							
062	EMERGENCY	1,794,064	7,134	40,634	7,134	4,690	1,857	1,124,700
065	OBSERVATION BEDS (NON OTHER REIMBURS COST C							
	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CEN SUBTOTALS	45,140,141	173,161	590,903	167,425	185,550	31,246	12,586,945
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O	153,156	8,061	1,636	8,061	29,770		
100	01 LIFELINE							
100	OTHER NON-REIM., SR C	55,124		2,122			86	
100	01 FOODLIFT							
100	02 MARKETING	221,181					104	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	6,656,859	4,439,328	402,130	1,126,790	2,125,402	1,307,836	2,384,477
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		24.496628		6.420968		41.603130	
105	(WRKSHT B, PT I)	.146081		.676234		9.870899		.189440
106	COST TO BE ALLOCATED		3					
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.000017					
107	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	641,390	1,848,403	72,965	112,812	279,537	269,153	188,512
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		10.199661		.642855		8.561935	
	(WRKSHT B, PT III)	.014075		.122700		1.298240		.014977

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQUISITIO	MEDICAL RECOR DS & LIBRARY (GROSS CHARGES)
	(COSTED REQUIS.	(COSTED REQUISITIO	(GROSS CHARGES)
	15	16	17
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU	5,211,909		
016 PHARMACY	11,565	2,000,794	
017 MEDICAL RECORDS & LIB	9,695		269,302,937
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	189,805		18,983,423
026 INTENSIVE CARE UNIT	112,034		8,016,847
031 SUBPROVIDER	18,992		5,381,732
033 NURSERY	386		956,010
034 SKILLED NURSING FACIL	100,927		3,910,955
ANCILLARY SRVC COST C			
037 OPERATING ROOM	792,797		56,523,186
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR	78,651		974,703
040 ANESTHESIOLOGY	129,287		20,689,021
041 RADIOLOGY-DIAGNOSTIC	406,593		39,710,779
041 01 ULTRASOUND			
041 02 CT SCAN			
041 03 MRI			
043 RADIOISOTOPE			
044 LABORATORY	166,569		41,608,573
049 RESPIRATORY THERAPY	69,715		5,724,326
049 01 SLEEP LAB			
050 PHYSICAL THERAPY	4,715		3,510,798
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	16,594		7,519,533
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR	2,953,323		17,713,128
056 DRUGS CHARGED TO PATI		2,000,794	23,019,778
057 RENAL DIALYSIS	71		364,433
059 01 WOUND CARE	40,516		206,483
OUTPAT SERVICE COST C			
061 EMERGENCY	108,675		14,489,229
062 OBSERVATION BEDS (NON			
OTHER REIMBURS COST C			
065 AMBULANCE SERVICES			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	5,210,910	2,000,794	269,302,937
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
098 01 LIFELINE			
100 OTHER NON-REIM., SR C	999		
100 01 FOODLIFT			
100 02 MARKETING			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	1,045,445	1,103,665	1,503,589
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		.551614	
(WRKSHT B, PT I)	.200588		.005583
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED	298,439	115,451	245,391
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		.057703	
(WRKSHT B, PT III)	.057261		.000911

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,021,460		8,021,460		8,021,460
26	INTENSIVE CARE UNIT	3,104,611		3,104,611		3,104,611
31	SUBPROVIDER	1,647,929		1,647,929		1,647,929
33	NURSERY	483,915		483,915		483,915
34	SKILLED NURSING FACILITY	3,853,539		3,853,539	1,166	3,854,705
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,967,497		6,967,497		6,967,497
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	431,860		431,860		431,860
40	ANESTHESIOLOGY	2,608,058		2,608,058	1,353	2,609,411
41	RADIOLOGY-DIAGNOSTIC	4,487,432		4,487,432		4,487,432
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,162,143		4,162,143		4,162,143
49	RESPIRATORY THERAPY	1,422,535		1,422,535		1,422,535
49 01	SLEEP LAB					
50	PHYSICAL THERAPY	997,382		997,382		997,382
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,265,458		1,265,458	2,933	1,268,391
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,513,031		4,513,031		4,513,031
56	DRUGS CHARGED TO PATIENTS	3,525,256		3,525,256		3,525,256
57	RENAL DIALYSIS	323,598		323,598		323,598
59 01	WOUND CARE	621,337		621,337		621,337
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,743,494		2,743,494		2,743,494
62	OBSERVATION BEDS (NON-DIS	257,704		257,704		257,704
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	51,438,239		51,438,239	5,452	51,443,691
102	LESS OBSERVATION BEDS	257,704		257,704		257,704
103	TOTAL	51,180,535		51,180,535	5,452	51,185,987

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,983,423		18,983,423			
26	INTENSIVE CARE UNIT	8,016,847		8,016,847			
31	SUBPROVIDER	5,381,732		5,381,732			
33	NURSERY	956,010		956,010			
34	SKILLED NURSING FACILITY	3,910,955		3,910,955			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,964,942	36,558,244	56,523,186	.123268	.123268	.123268
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	899,268	75,435	974,703	.443068	.443068	.443068
40	ANESTHESIOLOGY	7,494,012	13,195,009	20,689,021	.126060	.126060	.126125
41	RADIOLOGY-DIAGNOSTIC	8,631,035	27,791,075	36,422,110	.123206	.123206	.123206
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY	13,533,867	28,074,706	41,608,573	.100031	.100031	.100031
49	RESPIRATORY THERAPY	3,681,330	2,042,996	5,724,326	.248507	.248507	.248507
49 01	SLEEP LAB						
50	PHYSICAL THERAPY	3,445,471	65,327	3,510,798	.284090	.284090	.284090
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,676,188	7,132,015	10,808,203	.117083	.117083	.117354
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	11,082,860	6,630,268	17,713,128	.254785	.254785	.254785
56	DRUGS CHARGED TO PATIENTS	18,286,239	4,733,539	23,019,778	.153140	.153140	.153140
57	RENAL DIALYSIS	360,708	3,725	364,433	.887949	.887949	.887949
59 01	WOUND CARE	4,590	201,893	206,483	3.009144	3.009144	3.009144
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,003,973	10,485,256	14,489,229	.189347	.189347	.189347
62	OBSERVATION BEDS (NON-DIS	23,462	957,686	981,148	.262656	.262656	.262656
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	132,336,912	137,947,174	270,284,086			
102	LESS OBSERVATION BEDS						
103	TOTAL	132,336,912	137,947,174	270,284,086			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,021,460		8,021,460		8,021,460
26	INTENSIVE CARE UNIT	3,104,611		3,104,611		3,104,611
31	SUBPROVIDER	1,647,929		1,647,929		1,647,929
33	NURSERY	483,915		483,915		483,915
34	SKILLED NURSING FACILITY	3,853,539		3,853,539	1,166	3,854,705
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6,967,497		6,967,497		6,967,497
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	431,860		431,860		431,860
40	ANESTHESIOLOGY	2,608,058		2,608,058	1,353	2,609,411
41	RADIOLOGY-DIAGNOSTIC	4,487,432		4,487,432		4,487,432
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	4,162,143		4,162,143		4,162,143
49	RESPIRATORY THERAPY	1,422,535		1,422,535		1,422,535
49 01	SLEEP LAB					
50	PHYSICAL THERAPY	997,382		997,382		997,382
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,265,458		1,265,458	2,933	1,268,391
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	4,513,031		4,513,031		4,513,031
56	DRUGS CHARGED TO PATIENTS	3,525,256		3,525,256		3,525,256
57	RENAL DIALYSIS	323,598		323,598		323,598
59 01	WOUND CARE	621,337		621,337		621,337
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,743,494		2,743,494		2,743,494
62	OBSERVATION BEDS (NON-DIS	257,704		257,704		257,704
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	51,438,239		51,438,239	5,452	51,443,691
102	LESS OBSERVATION BEDS	257,704		257,704		257,704
103	TOTAL	51,180,535		51,180,535	5,452	51,185,987

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,983,423		18,983,423			
26	INTENSIVE CARE UNIT	8,016,847		8,016,847			
31	SUBPROVIDER	5,381,732		5,381,732			
33	NURSERY	956,010		956,010			
34	SKILLED NURSING FACILITY	3,910,955		3,910,955			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,964,942	36,558,244	56,523,186	.123268	.123268	.123268
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	899,268	75,435	974,703	.443068	.443068	.443068
40	ANESTHESIOLOGY	7,494,012	13,195,009	20,689,021	.126060	.126060	.126125
41	RADIOLOGY-DIAGNOSTIC	8,631,035	27,791,075	36,422,110	.123206	.123206	.123206
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY	13,533,867	28,074,706	41,608,573	.100031	.100031	.100031
49	RESPIRATORY THERAPY	3,681,330	2,042,996	5,724,326	.248507	.248507	.248507
49 01	SLEEP LAB						
50	PHYSICAL THERAPY	3,445,471	65,327	3,510,798	.284090	.284090	.284090
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,676,188	7,132,015	10,808,203	.117083	.117083	.117354
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	11,082,860	6,630,268	17,713,128	.254785	.254785	.254785
56	DRUGS CHARGED TO PATIENTS	18,286,239	4,733,539	23,019,778	.153140	.153140	.153140
57	RENAL DIALYSIS	360,708	3,725	364,433	.887949	.887949	.887949
59 01	WOUND CARE	4,590	201,893	206,483	3.009144	3.009144	3.009144
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,003,973	10,485,256	14,489,229	.189347	.189347	.189347
62	OBSERVATION BEDS (NON-DIS	23,462	957,686	981,148	.262656	.262656	.262656
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	132,336,912	137,947,174	270,284,086			
102	LESS OBSERVATION BEDS						
103	TOTAL	132,336,912	137,947,174	270,284,086			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	6,967,497	859,968	6,107,529			6,967,497
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	431,860	16,738	415,122			431,860
41	ANESTHESIOLOGY	2,608,058	94,539	2,513,519			2,608,058
41	RADIOLOGY-DIAGNOSTIC	4,487,432	667,526	3,819,906			4,487,432
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,162,143	348,551	3,813,592			4,162,143
49	RESPIRATORY THERAPY	1,422,535	337,595	1,084,940			1,422,535
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	997,382	59,480	937,902			997,382
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,265,458	89,140	1,176,318			1,265,458
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,513,031	232,183	4,280,848			4,513,031
56	DRUGS CHARGED TO PATIENTS	3,525,256	164,583	3,360,673			3,525,256
57	RENAL DIALYSIS	323,598	97,530	226,068			323,598
59	01 WOUND CARE	621,337	13,519	607,818			621,337
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,743,494	304,109	2,439,385			2,743,494
62	OBSERVATION BEDS (NON-DIS	257,704	35,837	221,867			257,704
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	34,326,785	3,321,298	31,005,487			34,326,785
102	LESS OBSERVATION BEDS	257,704	35,837	221,867			257,704
103	TOTAL	34,069,081	3,285,461	30,783,620			34,069,081

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	56,523,186	.123268	.123268
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	974,703	.443068	.443068
41	ANESTHESIOLOGY	20,689,021	.126060	.126060
41	RADIOLOGY-DIAGNOSTIC	36,422,110	.123206	.123206
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	41,608,573	.100031	.100031
49	RESPIRATORY THERAPY	5,724,326	.248507	.248507
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	3,510,798	.284090	.284090
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	10,808,203	.117083	.117083
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	17,713,128	.254785	.254785
56	DRUGS CHARGED TO PATIENTS	23,019,778	.153140	.153140
57	RENAL DIALYSIS	364,433	.887949	.887949
59	01 WOUND CARE	206,483	3.009144	3.009144
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	14,489,229	.189347	.189347
62	OBSERVATION BEDS (NON-DIS	981,148	.262656	.262656
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	233,035,119		
102	LESS OBSERVATION BEDS	981,148		
103	TOTAL	232,053,971		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	6,967,497	859,968	6,107,529	85,997	354,237	6,527,263
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	431,860	16,738	415,122	1,674	24,077	406,109
41	ANESTHESIOLOGY	2,608,058	94,539	2,513,519	9,454	145,784	2,452,820
41	RADIOLOGY-DIAGNOSTIC	4,487,432	667,526	3,819,906	66,753	221,555	4,199,124
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	4,162,143	348,551	3,813,592	34,855	221,188	3,906,100
49	RESPIRATORY THERAPY	1,422,535	337,595	1,084,940	33,760	62,927	1,325,848
49	01 SLEEP LAB						
50	PHYSICAL THERAPY	997,382	59,480	937,902	5,948	54,398	937,036
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,265,458	89,140	1,176,318	8,914	68,226	1,188,318
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,513,031	232,183	4,280,848	23,218	248,289	4,241,524
56	DRUGS CHARGED TO PATIENTS	3,525,256	164,583	3,360,673	16,458	194,919	3,313,879
57	RENAL DIALYSIS	323,598	97,530	226,068	9,753	13,112	300,733
59	01 WOUND CARE	621,337	13,519	607,818	1,352	35,253	584,732
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,743,494	304,109	2,439,385	30,411	141,484	2,571,599
62	OBSERVATION BEDS (NON-DIS	257,704	35,837	221,867	3,584	12,868	241,252
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	34,326,785	3,321,298	31,005,487	332,131	1,798,317	32,196,337
102	LESS OBSERVATION BEDS	257,704	35,837	221,867	3,584	12,868	241,252
103	TOTAL	34,069,081	3,285,461	30,783,620	328,547	1,785,449	31,955,085

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	56,523,186	.115479	.121746
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	974,703	.416649	.441351
41	ANESTHESIOLOGY	20,689,021	.118557	.125603
41	RADIOLOGY-DIAGNOSTIC	36,422,110	.115291	.121374
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	41,608,573	.093877	.099193
49	RESPIRATORY THERAPY	5,724,326	.231616	.242609
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	3,510,798	.266901	.282396
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	10,808,203	.109946	.116258
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	17,713,128	.239457	.253474
56	DRUGS CHARGED TO PATIENTS	23,019,778	.143958	.152425
57	RENAL DIALYSIS	364,433	.825208	.861187
59	01 WOUND CARE	206,483	2.831865	3.002596
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	14,489,229	.177483	.187248
62	OBSERVATION BEDS (NON-DIS	981,148	.245887	.259003
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	233,035,119		
102	LESS OBSERVATION BEDS	981,148		
103	TOTAL	232,053,971		

Health Financial Systems	MCRIF32	FOR GALESBURG COTTAGE HOSPITAL	I	IN LIEU OF FORM CMS-2552-96(09/1997)
			I	PROVIDER NO: 14-0040
APPORTIONMENT OF INPATIENT ROUTINE SERVICE	CAPITAL COSTS		I	I PERIOD: FROM 5/ 1/2008 TO 4/30/2009
			I	I PREPARED 9/29/2009 WORKSHEET D PART I
TITLE XVIII, PART A				PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS		3		1,115,472		1,115,472
31	INTENSIVE CARE UNIT				343,804		343,804
33	SUBPROVIDER				264,912		264,912
33	NURSERY				54,140		54,140
101	TOTAL		3		1,778,328		1,778,328

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009
 I 14-0040 I FROM 5/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 4/30/2009 I PART II
 I 14-0040 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		859,968	56,523,186	13,161,138		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		16,738	974,703	3,147		
41	ANESTHESIOLOGY		94,539	20,689,021	4,848,344		
41	RADIOLOGY-DIAGNOSTIC		667,526	36,422,110	5,666,342		
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY		348,551	41,608,573	7,963,300		
49	RESPIRATORY THERAPY		337,595	5,724,326	1,762,943		
49 01	SLEEP LAB						
50	PHYSICAL THERAPY		59,480	3,510,798	837,629		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		89,140	10,808,203	2,576,535		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		232,183	17,713,128	6,757,250		
56	DRUGS CHARGED TO PATIENTS		164,583	23,019,778	8,962,016		
57	RENAL DIALYSIS		97,530	364,433	303,694		
59 01	WOUND CARE		13,519	206,483	3,777		
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY		304,109	14,489,229	2,457,790		
65	OBSERVATION BEDS (NON-DIS		35,837	981,148	17,223		
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
101	TOTAL		3,321,298	233,035,119	55,321,128		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 4/30/2009	I	PART II	
I	14-0040	I		I		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.015214	200,234
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO	.017172	54
40	ANESTHESIOLOGY	.004570	22,157
41	RADIOLOGY-DIAGNOSTIC	.018327	103,847
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.008377	66,709
49	RESPIRATORY THERAPY	.058976	103,971
49 01	SLEEP LAB		
50	PHYSICAL THERAPY	.016942	14,191
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.008247	21,249
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.013108	88,574
56	DRUGS CHARGED TO PATIENTS	.007150	64,078
57	RENAL DIALYSIS	.267621	81,275
59 01	WOUND CARE	.065473	247
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.020989	51,587
62	OBSERVATION BEDS (NON-DIS	.036526	629
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		818,802

Health Financial Systems	MCRIF32	FOR GALESBURG COTTAGE HOSPITAL	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO: 14-0040	I PERIOD: 5/ 1/2008
SERVICE OTHER PASS THROUGH COSTS		I	I FROM 5/ 1/2008
TITLE XVIII, PART A		I	I TO 4/30/2009
			I PREPARED 9/29/2009
			I WORKSHEET D
			I PART III

PPS

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN	MED EDUCATN	SWING BED	TOTAL	TOTAL	PER DIEM
LINE NO.		ANESTHETIST	COST	ADJ AMOUNT	COSTS	PATIENT DAYS	
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS					12,264	
26	ADULTS & PEDIATRICS					2,335	
31	INTENSIVE CARE UNIT					2,766	
33	SUBPROVIDER					771	
34	NURSERY					8,553	
101	SKILLED NURSING FACILITY					26,689	
	TOTAL						

Health Financial Systems	MCRIF32	FOR GALESBURG COTTAGE HOSPITAL	IN LIEU OF FORM CMS-2552-96(11/1998)		
APPORTIONMENT OF INPATIENT ROUTINE		I	PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2009
SERVICE OTHER PASS THROUGH COSTS		I	14-0040	I FROM 5/ 1/2008	I WORKSHEET D
TITLE XVIII, PART A		I		I TO 4/30/2009	I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,572	
26	INTENSIVE CARE UNIT	1,665	
31	SUBPROVIDER	2,094	
33	NURSERY		
34	SKILLED NURSING FACILITY	7,857	
101	TOTAL	19,188	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1		2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS		1.01				
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			56,523,186			13,161,138	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			974,703			3,147	
41	ANESTHESIOLOGY			20,689,021			4,848,344	
41	RADIOLOGY-DIAGNOSTIC			36,422,110			5,666,342	
41 01	ULTRASOUND							
41 02	CT SCAN							
41 03	MRI							
43	RADIOISOTOPE							
44	LABORATORY			41,608,573			7,963,300	
49	RESPIRATORY THERAPY			5,724,326			1,762,943	
49 01	SLEEP LAB							
50	PHYSICAL THERAPY			3,510,798			837,629	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			10,808,203			2,576,535	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,713,128			6,757,250	
56	DRUGS CHARGED TO PATIENTS			23,019,778			8,962,016	
57	RENAL DIALYSIS			364,433			303,694	
59 01	WOUND CARE			206,483			3,777	
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			14,489,229			2,457,790	
62	OBSERVATION BEDS (NON-DIS			981,148			17,223	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			233,035,119			55,321,128	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.123268	.123268			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM	.443068	.443068			
40	ANESTHESIOLOGY	.126060	.126060			
41	RADIOLOGY-DIAGNOSTIC	.123206	.123206			
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	.100031	.100031			
49	RESPIRATORY THERAPY	.248507	.248507			
49 01	SLEEP LAB					
50	PHYSICAL THERAPY	.284090	.284090			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	.117083	.117083			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.254785	.254785			
56	DRUGS CHARGED TO PATIENTS	.153140	.153140			
57	RENAL DIALYSIS	.887949	.887949			
59 01	WOUND CARE	3.009144	3.009144			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.189347	.189347			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.262656	.262656			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 4/30/2009	I	PART V
I	14-0040	I		I	

TITLE XVIII, PART B

HOSPITAL

		PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	Cost Center Description	9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,444,418		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	131		
40	ANESTHESIOLOGY	447,350		
41	RADIOLOGY-DIAGNOSTIC	1,165,666		
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	109,797		
49	RESPIRATORY THERAPY	326,023		
49	01 SLEEP LAB			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	433,339		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	697,285		
56	DRUGS CHARGED TO PATIENTS	295,084		
57	RENAL DIALYSIS	1,644		
59	01 WOUND CARE	375,683		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	325,534		
62	OBSERVATION BEDS (NON-DISTINCT PART)	18,932		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	5,640,886		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES	5,640,886		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		859,968	56,523,186	328		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		16,738	974,703			
41	ANESTHESIOLOGY		94,539	20,689,021			
41	RADIOLOGY-DIAGNOSTIC		667,526	36,422,110	248,337		
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY		348,551	41,608,573	404,524		
49	RESPIRATORY THERAPY		337,595	5,724,326	51,804		
49 01	SLEEP LAB						
50	PHYSICAL THERAPY		59,480	3,510,798	68,029		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		89,140	10,808,203	34,463		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		232,183	17,713,128	3,844		
56	DRUGS CHARGED TO PATIENTS		164,583	23,019,778	616,035		
57	RENAL DIALYSIS		97,530	364,433	5,552		
59 01	WOUND CARE		13,519	206,483			
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY		304,109	14,489,229	111,777		
62	OBSERVATION BEDS (NON-DIS		35,837	981,148			
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		3,321,298	233,035,119	1,544,693		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 4/30/2009	I	PART II
I	14-S040	I		I	

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.015214	5
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.017172	
41	ANESTHESIOLOGY	.004570	
41	RADIOLOGY-DIAGNOSTIC	.018327	4,551
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.008377	3,389
49	RESPIRATORY THERAPY	.058976	3,055
49 01	SLEEP LAB		
50	PHYSICAL THERAPY	.016942	1,153
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.008247	284
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.013108	50
56	DRUGS CHARGED TO PATIENTS	.007150	4,405
57	RENAL DIALYSIS	.267621	1,486
59 01	WOUND CARE	.065473	
61	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.020989	2,346
62	OBSERVATION BEDS (NON-DIS	.036526	
65	OTHER REIMBURS COST CNTRS		
101	AMBULANCE SERVICES		
	TOTAL		20,724

TITLE XVIII, PART A	SUBPROVIDER 1	PPS
---------------------	---------------	-----

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			56,523,186			328	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			974,703				
41	ANESTHESIOLOGY			20,689,021				
41	RADIOLOGY-DIAGNOSTIC			36,422,110			248,337	
41 01	ULTRASOUND							
41 02	CT SCAN							
41 03	MRI							
43	RADIOISOTOPE							
44	LABORATORY			41,608,573			404,524	
49	RESPIRATORY THERAPY			5,724,326			51,804	
49 01	SLEEP LAB							
50	PHYSICAL THERAPY			3,510,798			68,029	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			10,808,203			34,463	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			17,713,128			3,844	
56	DRUGS CHARGED TO PATIENTS			23,019,778			616,035	
57	RENAL DIALYSIS			364,433			5,552	
59 01	WOUND CARE			206,483				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			14,489,229			111,777	
62	OBSERVATION BEDS (NON-DIS			981,148				
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			233,035,119			1,544,693	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A	SKILLED NURSING FACILITY	PPS
---------------------	--------------------------	-----

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A	SKILLED NURSING FACILITY	PPS
---------------------	--------------------------	-----

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59 01	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A		SKILLED NURSING FACILITY			PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR R00						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM			56,523,186					
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO			974,703					
41	ANESTHESIOLOGY			20,689,021					
41	RADIOLOGY-DIAGNOSTIC			36,422,110				399,270	
41	01 ULTRASOUND								
41	02 CT SCAN								
41	03 MRI								
43	RADIOISOTOPE								
44	LABORATORY			41,608,573				1,438,928	
49	RESPIRATORY THERAPY			5,724,326				1,040,078	
49	01 SLEEP LAB								
50	PHYSICAL THERAPY			3,510,798				1,952,131	
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY			10,808,203				73,444	
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			17,713,128				1,478,539	
56	DRUGS CHARGED TO PATIENTS			23,019,778				4,111,743	
57	RENAL DIALYSIS			364,433				1,851	
59	01 WOUND CARE			206,483					
61	OUTPAT SERVICE COST CNTRS								
61	EMERGENCY			14,489,229					
62	OBSERVATION BEDS (NON-DIS			981,148					
65	OTHER REIMBURS COST CNTRS								
65	AMBULANCE SERVICES								
101	TOTAL			233,035,119				10,495,984	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59 01	WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,264
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,264
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,177
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,087
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,572
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8,021,460
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,021,460

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,939,433
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,856,177
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	16,083,256
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.402291
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,771.33
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,594.45
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	176.88
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	71.16
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	154,915
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	7,866,545

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 654.07
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,952,618
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,952,618

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT	3,104,611	2,335	1,329.60	1,665	2,213,784
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					8,553,394
49 TOTAL PROGRAM INPATIENT COSTS					15,719,796

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 933,828
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 818,802
 52 TOTAL PROGRAM EXCLUDABLE COST 1,752,630
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 13,967,166

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3	8,021,460		257,704	
87	NEW CAPITAL-RELATED COST	1,115,472	8,021,460	.139061	257,704	35,837
88	NON PHYSICIAN ANESTHETIST		8,021,460		257,704	
89	MEDICAL EDUCATION		8,021,460		257,704	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,766
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,766
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,766
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,094
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,647,929
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,647,929

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,381,732
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,370,530
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,202
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.306208
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	4.05
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,647,929

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	595.78
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,247,563
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,247,563

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1 228,760
49	TOTAL PROGRAM INPATIENT COSTS				1,476,323

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	200,542
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	20,724
52	TOTAL PROGRAM EXCLUDABLE COST	221,266
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,255,057

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	595.78
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,647,929			
87	NEW CAPITAL-RELATED COST	264,912	.160754		
88	NON PHYSICIAN ANESTHETIST	1,647,929			
89	MEDICAL EDUCATION	1,647,929			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,553
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,553
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,553
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,857
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,854,705
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,854,705

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,910,955
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	92,622
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,818,333
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.985617
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	446.43
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,854,705

LINE	DESCRIPTION	AMOUNT
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,854,705
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	450.68
68	PROGRAM ROUTINE SERVICE COST	3,540,993
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3,540,993
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	567,448
72	PER DIEM CAPITAL-RELATED COSTS	66.34
73	PROGRAM CAPITAL-RELATED COSTS	521,233
74	INPATIENT ROUTINE SERVICE COST	3,019,760
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	3,019,760
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,540,993
80	PROGRAM INPATIENT ANCILLARY SERVICES	2,022,802
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	5,563,795

83 TOTAL OBSERVATION BED DAYS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		11,901,943		
31	INTENSIVE CARE UNIT		5,704,598		
	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.123268	13,161,138	1,622,347	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.443068	3,147	1,394	
40	ANESTHESIOLOGY	.126125	4,848,344	611,497	
41	RADIOLOGY-DIAGNOSTIC	.123206	5,666,342	698,127	
41 01	ULTRASOUND				
41 02	CT SCAN				
41 03	MRI				
43	RADIOISOTOPE				
44	LABORATORY	.100031	7,963,300	796,577	
49	RESPIRATORY THERAPY	.248507	1,762,943	438,104	
49 01	SLEEP LAB				
50	PHYSICAL THERAPY	.284090	837,629	237,962	
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY	.117354	2,576,535	302,367	
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.254785	6,757,250	1,721,646	
56	DRUGS CHARGED TO PATIENTS	.153140	8,962,016	1,372,443	
57	RENAL DIALYSIS	.887949	303,694	269,665	
59 01	WOUND CARE	3.009144	3,777	11,366	
	OUTPAT SERVICE COST CNTRS				
61	EMERGENCY	.189347	2,457,790	465,375	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.262656	17,223	4,524	
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL		55,321,128	8,553,394	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		55,321,128		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET D-4	
I	COMPONENT NO:	I	TO 4/30/2009	I		
I	14-S040	I		I		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		4,064,072	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.123268	328	40
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROOM	.443068		
41	ANESTHESIOLOGY	.126125		
41	RADIOLOGY-DIAGNOSTIC	.123206	248,337	30,597
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.100031	404,524	40,465
49	RESPIRATORY THERAPY	.248507	51,804	12,874
49	01 SLEEP LAB			
50	PHYSICAL THERAPY	.284090	68,029	19,326
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.117354	34,463	4,044
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.254785	3,844	979
56	DRUGS CHARGED TO PATIENTS	.153140	616,035	94,340
57	RENAL DIALYSIS	.887949	5,552	4,930
59	01 WOUND CARE	3.009144		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.189347	111,777	21,165
62	OBSERVATION BEDS (NON-DISTINCT PART)	.262656		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,544,693	228,760
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,544,693	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 4/30/2009	I	
I	14-5690	I		I	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.123268		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.443068		
40	ANESTHESIOLOGY	.126060		
41	RADIOLOGY-DIAGNOSTIC	.123206	399,270	49,192
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	.100031	1,438,928	143,937
49	RESPIRATORY THERAPY	.248507	1,040,078	258,467
49 01	SLEEP LAB			
50	PHYSICAL THERAPY	.284090	1,952,131	554,581
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.117083	73,444	8,599
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.254785	1,478,539	376,710
56	DRUGS CHARGED TO PATIENTS	.153140	4,111,743	629,672
57	RENAL DIALYSIS	.887949	1,851	1,644
59 01	WOUND CARE	3.009144		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.189347		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.262656		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		10,495,984	2,022,802
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,495,984	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET E
I	COMPONENT NO:	I	TO 4/30/2009	I	PART A
I	14-0040	I		I	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

DRG AMOUNT	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,020,547
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,012,328
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,016,438

MANAGED CARE PATIENTS

1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	278,985
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	125.99

INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	

FOR CR PERIODS ENDING ON OR
AFTER 7/1/2005
E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	

SUM OF LINES
3.21 - 3.23 PLUS E-3, PT
VI, LINE 23

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	
---	--

DISPROPORTIONATE SHARE ADJUSTMENT

4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.75
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	21.66
4.02 SUM OF LINES 4 AND 4.01	25.41
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	10.18
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,226,620

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685. (SEE INSTRUCTIONS)	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGs 652 AND 682 - 685. (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 9/29/2009
I 14-0040	I FROM 5/ 1/2008	I WORKSHEET E
I COMPONENT NO:	I TO 4/30/2009	I PART A
I 14-0040	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	13,554,918
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	13,729,307
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	13,685,710
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,054,689
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	14,740,399
17	PRIMARY PAYER PAYMENTS	3,748
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	14,736,651
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,402,596
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	116,757
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	225,990
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	158,193
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	201,420
22	SUBTOTAL	13,375,491
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	13,375,491
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	12,832,445
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	543,046
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	130,994

----- FI ONLY -----

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 4/30/2009	I	PART B	
I	14-0040	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,640,886
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,030,109
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	1.000
1.04	LINE 1.01 TIMES LINE 1.03.	5,640,886
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	89.17
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,030,109
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	8,237
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,295,844
19	SUBTOTAL (SEE INSTRUCTIONS)	3,726,028
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,726,028
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,726,028
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	169,500
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	118,650
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	153,161
28	SUBTOTAL	3,844,678
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,844,678
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,859,028
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-14,350
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		12,832,445 NONE		3,859,028 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE 12,832,445		NONE 3,859,028
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE 543,046		NONE 14,350
7 TOTAL MEDICARE PROGRAM LIABILITY		13,375,491		3,844,678

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SUBPROVIDER 1

	DESCRIPTION	INPATIENT-PART A		P A R T B	
		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,897,096		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER		.01		
	ADJUSTMENTS TO PROVIDER		.02		
	ADJUSTMENTS TO PROVIDER		.03		
	ADJUSTMENTS TO PROVIDER		.04		
	ADJUSTMENTS TO PROVIDER		.05		
	ADJUSTMENTS TO PROGRAM		.50		
	ADJUSTMENTS TO PROGRAM		.51		
	ADJUSTMENTS TO PROGRAM		.52		
	ADJUSTMENTS TO PROGRAM		.53		
	ADJUSTMENTS TO PROGRAM		.54		
	SUBTOTAL		.99		
4	TOTAL INTERIM PAYMENTS		NONE		NONE
	TO BE COMPLETED BY INTERMEDIARY		1,897,096		
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER		.01		
	TENTATIVE TO PROVIDER		.02		
	TENTATIVE TO PROVIDER		.03		
	TENTATIVE TO PROGRAM		.50		
	TENTATIVE TO PROGRAM		.51		
	TENTATIVE TO PROGRAM		.52		
	SUBTOTAL		.99		
6	DETERMINED NET SETTLEMENT		NONE		NONE
	AMOUNT (BALANCE DUE)		7,144		
	BASED ON COST REPORT (1)				
7	TOTAL MEDICARE PROGRAM LIABILITY		1,904,240		

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII
SNF

DESCRIPTION		INPATIENT-PART A		P A R T B	
		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
		1	2	3	4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,506,402		
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER		.01		
	ADJUSTMENTS TO PROVIDER		.02		
	ADJUSTMENTS TO PROVIDER		.03		
	ADJUSTMENTS TO PROVIDER		.04		
	ADJUSTMENTS TO PROVIDER		.05		
	ADJUSTMENTS TO PROGRAM		.50		
	ADJUSTMENTS TO PROGRAM		.51		
	ADJUSTMENTS TO PROGRAM		.52		
	ADJUSTMENTS TO PROGRAM		.53		
	ADJUSTMENTS TO PROGRAM		.54		
	ADJUSTMENTS TO PROGRAM		.99		
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		2,506,402		
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER		.01		
	TENTATIVE TO PROVIDER		.02		
	TENTATIVE TO PROVIDER		.03		
	TENTATIVE TO PROGRAM		.50		
	TENTATIVE TO PROGRAM		.51		
	TENTATIVE TO PROGRAM		.52		
	SUBTOTAL		.99		
			NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		647		
	SETTLEMENT TO PROVIDER		.01		
	SETTLEMENT TO PROGRAM		.02		
7	TOTAL MEDICARE PROGRAM LIABILITY		2,507,049		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:
SIGNATURE OF AUTHORIZED PERSON: _____
DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0040	I	FROM	5/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO	4/30/2009	I	PART I
I	14-S040	I			I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,995,824
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.578082
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,995,824
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,995,824
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,995,824
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,995,824
7	DEDUCTIBLES	95,132
8	SUBTOTAL	1,900,692
9	COINSURANCE	10,796
10	SUBTOTAL	1,889,896
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	20,491
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,344
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	19,539
12	SUBTOTAL	1,904,240
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,904,240
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19.01	INTERIM PAYMENTS	1,897,096
20	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	7,144
	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 4/30/2009	I	PART III
I	14-5690	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
19	PAYMENT FOR SERVICES ON A CHARGE BASIS			
20	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
21	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
22	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
23	RATIO OF LINE 17 TO LINE 18			
24	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
25	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
26	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
27	COST OF COVERED SERVICES			
28	PROSPECTIVE PAYMENT AMOUNT			
29	OTHER THAN OUTLIER PAYMENTS			2,739,192
30	OUTLIER PAYMENTS			
31	PROGRAM CAPITAL PAYMENTS			
32	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
33	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
34	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
35	SUBTOTAL			2,739,192
36	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
37	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			2,739,192
38	XVIII ENTER AMOUNT FROM LINE 30			
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			2,739,192
42	COINSURANCE			232,790
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			894
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			72
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			647
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			2,507,049
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			2,507,049
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			2,507,049
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			2,506,402
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			647
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial SystemsMCRIF32FOR GALESBURG COTTAGE HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 9/29/2009

I 14-0040 I FROM 5/ 1/2008 I WORKSHEET E-3

I COMPONENT NO: I TO 4/30/2009 I PART III

I 14-5690 I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS

TITLE V OR

TITLE XIX

1

TITLE XVIII

SNF PPS

2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-863,092			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	15,312,354			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,691,026			
7	INVENTORY	1,890,687			
8	PREPAID EXPENSES	603,442			
9	OTHER CURRENT ASSETS	119,418			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	15,371,783			
FIXED ASSETS					
12	LAND	433,029			
12.01					
13	LAND IMPROVEMENTS	451,166			
13.01	LESS ACCUMULATED DEPRECIATION	-141,584			
14	BUILDINGS	16,248,684			
14.01	LESS ACCUMULATED DEPRECIATION	-2,559,972			
15	LEASEHOLD IMPROVEMENTS	3,190,697			
15.01	LESS ACCUMULATED DEPRECIATION	-451,691			
16	FIXED EQUIPMENT	587,104			
16.01	LESS ACCUMULATED DEPRECIATION	-127,862			
17	AUTOMOBILES AND TRUCKS	3,909			
17.01	LESS ACCUMULATED DEPRECIATION	-3,149			
18	MAJOR MOVABLE EQUIPMENT	8,312,729			
18.01	LESS ACCUMULATED DEPRECIATION	-3,127,222			
19	MINOR EQUIPMENT DEPRECIABLE	2,247,016			
19.01	LESS ACCUMULATED DEPRECIATION	-1,607,351			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	23,455,503			
OTHER ASSETS					
22	INVESTMENTS	2,273,290			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	62,261			
26	TOTAL OTHER ASSETS	2,335,551			
27	TOTAL ASSETS	41,162,837			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	861,640			
29 SALARIES, WAGES & FEES PAYABLE	2,037,581			
30 PAYROLL TAXES PAYABLE	201,905			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-17,966,863			
35 OTHER CURRENT LIABILITIES	1,061,601			
36 TOTAL CURRENT LIABILITIES	-13,804,136			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	-13,804,136			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	54,966,973			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	54,966,973			
52 TOTAL LIABILITIES AND FUND BALANCES	41,162,837			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET	G-1
I		I	TO 4/30/2009	I		

	GENERAL FUND	SPECIFIC PURPOSE FUND	
	1	2 3	4
1	FUND BALANCE AT BEGINNING	38,236,060	
2	OF PERIOD		
2	NET INCOME (LOSS)	16,730,913	
3	TOTAL	54,966,973	
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5	ADDITIONS (CREDIT ADJUSTM		
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	54,966,973	
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13	DEDUCTIONS (DEBIT ADJUSTM		
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF	54,966,973	
	PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND	
	5	6 7	8
1	FUND BALANCE AT BEGINNING		
2	OF PERIOD		
2	NET INCOME (LOSS)		
3	TOTAL		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5	ADDITIONS (CREDIT ADJUSTM		
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13	DEDUCTIONS (DEBIT ADJUSTM		
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF		
	PERIOD PER BALANCE SHEET		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I
I
IPROVIDER NO:
14-0040

I PERIOD:

I FROM 5/ 1/2008

I TO 4/30/2009

I PREPARED 9/29/2009
I WORKSHEET G-2
I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,939,433		19,939,433
2 00 SUBPROVIDER	5,381,732		5,381,732
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,910,955		3,910,955
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	29,232,120		29,232,120
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,016,847		8,016,847
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,016,847		8,016,847
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	37,248,967		37,248,967
17 00 ANCILLARY SERVICES	95,087,945		95,087,945
18 00 OUTPATIENT SERVICES		137,947,173	137,947,173
20 00 AMBULANCE SERVICES			
24 00 PHYSICIAN PRO FEES	2,083,432		2,083,432
25 00 TOTAL PATIENT REVENUES	134,420,344	137,947,173	272,367,517

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	59,422,256
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	59,422,256

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	I PERIOD:	I PREPARED	9/29/2009
14-0040	I FROM 5/ 1/2008	I	WORKSHEET G-3
	I TO 4/30/2009	I	

DESCRIPTION

1	TOTAL PATIENT REVENUES	272,367,517
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	196,327,527
3	NET PATIENT REVENUES	76,039,990
4	LESS: TOTAL OPERATING EXPENSES	59,422,256
5	NET INCOME FROM SERVICE TO PATIENTS	16,617,734
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	200,136
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,612
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	71,165
23	GOVERNMENTAL APPROPRIATIONS	
24	SPONSORSHIPS	21,600
24.01	GAIN ON DISPOSAL	3,001
25	TOTAL OTHER INCOME	297,514
26	TOTAL	16,915,248
	OTHER EXPENSES	
27	MISC EXPENSE ACCRUALS	184,335
28		
29		
30	TOTAL OTHER EXPENSES	184,335
31	NET INCOME (OR LOSS) FOR THE PERIOD	16,730,913

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 9/29/2009
I	14-0040	I	FROM 5/ 1/2008	I	WORKSHEET L
I	COMPONENT NO:	I	TO 4/30/2009	I	PARTS I-IV
I	14-0040	I		I	

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,002,898
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	51,791
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	38.92
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,054,689

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	